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| APPLICATION NO.  | FILING DATE   |  | FIRST NAMED INVENTO   | DR.  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/660,138<br>TITLE OF INVENTION   | ·   |  | Edward L. Sughrue II  |  | 33936US5   | 6892   |  |
| DESULFURIZATION AND SORBENTS FOR SAME  |   |  |   |  |  |  |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DU  | E PREV. PAID ISSU  | E FEE TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional   | NO  | \$1400   | \$300   | \$0  | \$1700   | 06/25/2007   |  |
| EXAMINER   |   | ART UNIT   | CLASS-SUBCLASS  |  |  |  |  |
| JOHNSON, EDWARD  | М   | 1754   | 585-014000  |  |  |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>   |   |  | (1) the names of up<br>or agents OR, alterna<br>(2) the name of a sin<br>registered attorney of   | rames of up to 3 registered patent attorneys attorneys on the patent entered patent attorneys are name of a single firm (having as a member a reed attorney or agent) and the names of up to the tered patent attorneys or agents. If no name is no name will be printed.  |  |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ConocoPhillips Company  Houston, Texas |   |  |   |  |  |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🗀 Government  |   |  |   |  |  |  |  |
|  | are submitted:  No small entity discount p  | permitted)   | <ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>□ A check is enclosed.</li> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>□ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1575 (enclose an extra copy of this form).</li> </ul> |  |  |  |  |
| _ ~ .  | tus (from status indicated<br>s SMALL ENTITY statu                                  | ,  | ☐ b. Applicant is no lo   | onger claiming SMAI  | LL ENTITY status. See 37 CI  | FR 1.27(g)(2).   |  |
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| Authorized Signature PNMM Vell Authorized Signature Date S June 2007   |   |  |   |  |  |  |  |
| Typed or printed name Bronwyn A. Welvaert  |   |  | Registration No. 52,350   |  |  |  |  |
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